

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL GRASPING DEVICE, the specification of which:

- ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____.
☐ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

<u>60/245,811</u>	<u>11/3/2000</u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<u>10/003,011</u>	<u>11/1/2001</u>	<u>pending</u>
(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature

Date: _____

Full name of sole or first inventor

Roy K. Greenberg

Residence

Bratenahl, Ohio

Citizenship

United States of America

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Inventor's Signature	_____	Date:	_____
Full name of second joint inventor, if any	Krasnodar Ivancev		
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Citizenship	Sweden		
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Inventor's Signature	_____	Date:	_____
Full name of third joint inventor	Ram H. Paul, Jr.		
Residence	Bloomington, Indiana		
Citizenship	United States of America		
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Inventor's Signature	_____	Date:	_____
Full name of fourth joint inventor	_____		
Residence	_____		
Citizenship	_____		
Post Office Address	_____		

Inventor's Signature	_____	Date:	_____
Full name of fifth joint inventor	_____		
Residence	_____		
Citizenship	_____		
Post Office Address	_____		

Inventor's Signature	_____	Date:	_____
Full name of sixth joint inventor	_____		
Residence	_____		
Citizenship	_____		
Post Office Address	_____		

Inventor's Signature	_____	Date:	_____
Full name of seventh joint inventor	_____		
Residence	_____		
Citizenship	_____		
Post Office Address	_____		